LICENSEE'S REQUEST FOR COURSE APPROVAL

Instructions:
1. Please complete a course approval application for each course you wish to receive NHAP credit for.
2. Please enclose a **$15.00 fee** (payable to NHAP) for **each** course you are requesting NHAP credit for.
3. Submit form in duplicate
4. Application for course approval **must be** submitted and received by NHAP no later than 30-days after the course date. Courses received more than 30-days after course date will be denied.

PLEASE PRINT OR TYPE

NAME OF PROVIDER	PROVIDER NUMBER	TELEPHONE NUMBER	
ADDRESS OF RECORD *(STREET AND NUMBER)*	*(CITY)*	*(STATE)*	*(ZIP CODE)*
TITLE OF COURSE		PROVIDER E-MAIL ADDRESS	
DATE(S) OFFERED	TOTAL CLASS HOURS	UNITS *(SEMESTER/QUARTER)*	

TYPE OF OFFERING *(SEMINAR, LECTURE, WORKSHOP, ETC.)* ☐ SEMINAR ☐ WORKSHOP ☐ LECTURE ☐OTHER *(DESCRIBE BELOW)*	LECTURE / COURSE CONTENT

"P" CREDIT TOPICS & HOURS REQUESTED ☐ Resident Care ☐ Personnel Management ☐ Financial Management ☐ Environment Management	☐ Regulatory Management ☐ Organizational Management ☐ Patient Care and Aging ☐ Administration, Leadership, and Management ☐ Other

VARIABLE HOURS *(MIN. / MAX. HOURS A PARTICIPANT CAN RECEIVE)* _____ MINIMUM _____ MAXIMUM	☐ 1 DAY ☐ 2 DAY ☐ 3 DAY ☐ 4 DAY ☐ 5 DAY *(OR MORE)*

PREREQUISITES

INSTRUCTOR NAME	FEES

INSTRUCTOR EDUCATION

INSTRUCTOR TEACHING EXPERIENCE

INSTRUCTOR EXPERIENCE IN LONG-TERM CARE

BRIEF DESCRIPTION OF COURSE (1-3 BULLETS)

COURSE OBJECTIVES (1-3 MAIN BULLETS)

COMPLETE REVERSE SIDE OF FORM

TEACHING METHODS
COURSE CONTENT: *(OUTLINE FORM INCLUDING HOUR-BY-HOUR AGENDA)*
METHOD OF COURSE EVALUATION BY STUDENTS

Maintenance of the information requested on this application form is authorized by Section 1416.50 of the Health and Safety Code. No items of information are voluntary; all are required. **Failure to provide any of the required information or to submit 30-days prior to course date will result in the application being rejected as incomplete.**

APPLICANT NAME			LICENSE NUMBER	
ADDRESS *(STREET AND NUMBER)*	*(CITY)*		*(STATE)*	*(ZIP CODE)*
TELEPHONE NUMBER *(HOME)*	TELEPHONE NUMBER *(WORK)*			

*YOU MUST SUBMIT A COPY OF A CERTIFICATE OF COMPLETION OR A TRANSCRIPT WITH THIS COURSE REQUEST. THE CERTIFICATE OR TRANSCRIPT AND THE APPROVED COPY OF THIS FORM SHOULD BE RETAINED IN YOUR FILES FOR AUDIT PURPOSES. **THIS APPLICATION IS NOT PROOF THAT YOU HAVE COMPLETED THIS COURSE. ONLY A CERTIFICATE OF ATTENDANCE OR A TRANSCRIPT CAN BE ACCEPTED AS PROOF OF COMPLETION.**

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR NHAP USE ONLY

Your request for course approval has been reviewed by Program staff and the following decision has been made:

☐ The course is approved for general (G) credit.

☐ The course is approved for Patient Care or Aging (P).

☐ The course is approved for half credit because it is in an allied field.

☐ NHAP credit is denied. See enclosed letter.

☐ Patient care/aging hours identified in break-out sessions. See enclosed letter.

NHAP COURSE NUMBER	COURSE HRS. APPROVED	APPROVED BY	HOURS APPROVED
COURSE APPROVAL EXPIRATION DATE	DENIED BY		DATE

FOR NHAP OFFICE USE ONLY		
CASH. #_____	STATUS ☐ Approved ☐ Rejected ☐ Less than 30 days ☐ Missing Information	
NHAP INITIALS	☐ Resume(s) if applicable	☐ Agendas
AMOUNT	☐ $15.00 Fee for each course	Number of courses offered
	STAFF	DATE PROCESSED

THIS FORM MAY BE DUPLICATED